Lisa Najavits, PhD / Treatment Innovations

PTSD

DSM-V definition: After a trauma (the experience, threat, or witnessing of physical harm, e.g., rape, hurricane), the person has each of the following key symptoms for over a month, and they result in decreased ability to function (e.g., work, social life): intrusion (e.g., flashbacks, nightmares); avoidance (not wanting to talk about it or remember); negative thoughts and mood; and arousal (e.g., insomnia, anger).

Simple PTSD results from a single event in adulthood (DSM-V symptoms); Complex PTSD is not a DSM term but may result from multiple traumas, typically in childhood (broad symptoms, including personality problems)

Rates: 10% for women, 5% for men (lifetime, U.S.). Up to 1/3 of people exposed to trauma develop PTSD.

Treatment: if untreated, PTSD can last for decades; if treated, people can recover. Evidence-based treatments include cognitive-behavioral-- coping skills training and exposure, i.e., processing the trauma story.

Substance Abuse

"The compulsion to use despite negative consequences" (e.g., legal, physical, social, psychological). Note that neither amount of use nor physical dependence define substance abuse.

DSM-V term is "substance-related and addictive disorder", which can be mild, moderate, or severe.

Rates: 35% for men; 18% for women (lifetime, U.S.)

It is treatable disorder and a "no-fault" disorder (i.e., not a moral weakness)

Two ways to give it up: "cold turkey" (give up all substances forever; abstinence model) or "warm turkey" (*harm reduction*, in which any reduction in use is a positive step); *moderation management*, some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders).

The Link Between PTSD and Substance Abuse

About PTSD and substance abuse

Rates: Of clients in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.

Gender: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime

Drug choice: No one drug of choice, but PTSD is associated with severe drugs (cocaine, opioids); in 2/3 of cases the PTSD occurs first, then substance abuse.

Treatment issues

Other life problems are common: other Axis I disorders, personality disorders, interpersonal and medical problems, inpatient admissions, low compliance with aftercare, homelessness, domestic violence.

PTSD does not go away with abstinence from substances; and, PTSD symptoms are widely reported to become worse with initial abstinence.

Splits in treatment systems (mental health versus substance abuse).

Fragile treatment alliances and multiple crises are common.

Treatments helpful for either disorder alone may be problematic if someone has both disorders (e.g., emotionally intense exposure therapies, benzodiazepines), and should be evaluated carefully prior to use.

Recommended treatment strategies

Treat both disorders at the same time. Research supports this and clients prefer this.

Decide *how* to treat PTSD in context of active substance abuse. Options: (1) Focus on present only (coping skills, psychoeducation, educate about symptoms) [safest approach, widely recommended]. (2) Focus on past only (tell the trauma story) [high risk; works for some clients] (3) Focus on both present and past

Diversity Issues

Respect cultural differences and tailor treatment to be sensitive to historical prejudice. Recognize that terms such as *trauma, PTSD,* and *addiction* may be interpreted differently based on culture. Cultures also have protective factors (religion, kinship) that may prevent or heal trauma / addiction.

Seeking Safety

About *Seeking Safety*

✧ A present-focused model to help clients (male and female) attain safety from PTSD and substance abuse.

✧ Up to 25 topics that can be conducted in any order, doing as many as time allows:

- Interpersonal topics: Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources
- Cognitive topics: PTSD: Taking Back Your Power, Compassion, When Substances Control You, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking
- Behavioral topics: Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)

- Other topics: Introduction/Case Management, Safety, Life Choices, Termination

✧ Designed for flexible use: can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings; and with a variety of providers (and peers).

Key principles of *Seeking Safety*

- Safety as the goal for first-stage treatment (later stages are mourning and reconnection)
- Integrated treatment (treat both disorders at the same time)
- A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
- Four content areas: cognitive, behavioral, interpersonal, case management
- Attention to clinician processes: balance praise and accountability; notice your own emotional responses (fear, wish to control, joy in the work, disappointment); all-out effort; self-care

Additional features

- Trauma details not part of group therapy; in individual therapy, assess client's safety and monitor carefully (particularly if has history of severe trauma, or if client is actively using substances)
- Identify meanings of substance use in context of PTSD (to remember, to forget, to numb, to feel, etc.)
- Optimistic: focus on strengths and future
- Help clients obtain more treatment and attend to daily life problems (housing, AIDS, jobs)
- Harm reduction model or abstinence
- 12-step groups encouraged, not required
- Empower clients whenever possible
- Make the treatment engaging: quotations, everyday language
- Emphasize core concepts (e.g., "You can get better")

Evidence Base

Seeking Safety is an evidence-based model, with over 45 published research articles and consistently positive results. For all studies, go to www.seekingsafety.org, section Evidence. Studies include pilots, randomized controlled trials, multi-site trials.

Resources on *Seeking Safety*. All below are available from www.seekingsafety.org and/or from the order form at the end of this packet of handouts.

✧ **Implementation / research articles:** all articles related to Seeking Safety can be freely downloaded.
✧ **Training:** training calendar and information on setting up a training (section Training).
✧ **Consultation:** on clinical implementation, research studies, evaluation projects.
✧ **Fidelity Scale:** free download (section Assessment).
✧ **Book:** *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Has the clinician guide and all client handouts. Also available in **Spanish, French, German, Swedish, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, and Greek.** Upcoming: Japanese and Arabic will also become available.
✧ **DVD training series:** four videos provide training on Seeking Safety. (1) *Seeking Safety* (two hour training video by Lisa Najavits); (2) *Asking for Help* (one-hour demonstration of a group session with real clients); (3) *A Client's Story* (26 minute unscripted life story by a male trauma survivor) and *Teaching Grounding* (16 minute example of the grounding script from Seeking Safety with a male client); (4) *Adherence Session* (one hour session that can be rated with the Seeking Safety Adherence Scale).
✧ **Online learning**
✧ **Teaching Guide to Introduce Seeking Safety to your agency**
✧ **Engagement materials:** card deck, poster, magnets, wallet card, key chain of the safe coping skills; in English, Spanish, French.

Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; info@treatment-innovations.org [email]; www.seekingsafety.org or www. www.treatment-innovations.org [web]

We can add you to the Seeking Safety website to list that you conduct Seeking Safety. If desired email info@seekingsafety.org your basic information. *Example:* Boston, MA: Karen Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. Karensmith@netzero.com.

Resources on Substance Abuse and Trauma

a) **Substance abuse**	
National Clearinghouse for Alcohol and Drug Information	800-729-6686; www.health.org
National Drug Information, Treatment & Referral Hotline	800-662-HELP; http://csat.samsha.gov
Alcoholics Anonymous	800-637-6237; www.aa.org
SMART Recovery (alternative to AA)	www.smartrecovery.org
Addiction Technology Transfer Centers	www.nattc.org
Harm Reduction Coalition	212-213-6376; www.harmreduction.org
b) **Trauma / PTSD**	
International Society for Traumatic Stress Studies	708-480-9028; www.istss.org
International Society for the Study of Dissociation	847-480-9282; www.issd.org
National Centers for PTSD (extensive literature on PTSD)	802-296-5132; www.ptsd.va.gov
National Child Traumatic Stress Network	310-235-2633; www.nctsn.org
National Center for Trauma-Informed Care	866-254-4819;mentalhealth.samhsa.gov/nctic
National Resource Center on Domestic Violence	800-537-2238; www.nrcdv.org
Department of Veterans Affairs	800-827-1000; www.ptsd.va.gov
EMDR International Association	866-451-5200; www.emdria.org
Community screening for PTSD and other disorders	www.mentalhealthscreening.org
Sidran Foundation (trauma information, support)	410-825-8888; www.sidran.org

Educational Materials

Books on PTSD

1. Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.
2. Fallot, R.D. & Harris, M. (2001). Using Trauma Theory to Design Service Systems. San Francisco: Jossey-Bass.
3. Briere, J.N. & Scott, C. (2006). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Thousand Oaks, CA: Sage.
4. Hoge, C. C. (2010). Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI. GPP Life Press.
5. van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
6. Levine, P. (2015). Trauma and Memory. Berkeley, CA: North Atlantic Books.
7. Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.

Books on Substance Abuse

1. Beck A. T., Wright J., et al. (1993). Cognitive Therapy of Substance Abuse. New York: Guilford.
2. Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Free from www.health.org.
3. Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
4. Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.
5. Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.

Books on PTSD and Substance Abuse

1. Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.
2. Mate, G. (2010). In the Realm of Hungry Ghosts. Berkeley, CA: North Atlantic Books.
3. Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders (2nd edition). Washington, DC: American Psychological Association Press.
4. Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. Las Vegas: Central Recovery Press.

ajavits, L. M. (2017). Recovery from Trauma, Addiction or Both: Finding Your Best Self. New York, NY: Guilford Press.

Videos

a) Najavits, L.M. (2006). Video training series on Seeking Safety*; www.treatment-innovations.org*.
b) Najavits, L.M., Abueg F, Brown PJ, et al. (1998). Nevada City, CA: Cavalcade [800-345-5530]. Trauma and substance abuse. Part I: Therapeutic approaches [*For professionals];* Part II: Special treatment issues [*For professionals];* Numbing the Pain: Substance abuse and psychological trauma [*For clients]*

Clinically-Relevant Articles

1. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age

of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, *62*(6), 593-602.
2. Najavits, LM, Schmitz, M, Johnson, KM, Smith, C, North, T et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In Men and Addictions. Nova Science Publishers, Hauppauge, NY.
3. Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M.-C., et al. (2015). Combining Seeking Safety With Sertraline for PTSD and Alcohol Use Disorders: A Randomized Controlled Trial. Journal of Consulting and Clinical Psychology, 83(2), 359-369.
4. Najavits, L. M., Hien, D.A. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD Journal of Clinical Psychology **69**: 433-480.
5. Marsh, T., Young, N., Meek, S., Najavits, L.M., Toulouse, P. (2016). Impact of Indigenous Healing and Seeking Safety on Intergenerational Trauma and Substance Use in an Aboriginal Sample. Journal of Addiction Research & Therapy **7**(3): 1-10.
6. Lenz AS, Henesy R, Callender K. (2016). Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance use. Journal of Counseling & Development. 94(1):51-61.
7. Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of Trauma Psychology* (pp. 195-214): American Psychological Association.
8. Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. The Clinical Supervisor: 1-31.

Pubmed (medical literature): http://www.ncbi.nlm.nih.gov/entrez/

Safe Coping Skills (Part 1)

from "Seeking Safety: Cognitive- Behavioral Therapy for PTSD and Substance Abuse"
by Lisa M. Najavits, Ph.D.

1. Ask for help- Reach out to someone safe **2. Inspire yourself-** Carry something positive (e.g., poem), or negative (photo of friend who overdosed) **3. Leave a bad scene-** When things go wrong, get out **4. Persist-** Never, never, never, never, never, never, never, never, never give up **5. Honesty-** Secrets and lying are at the core of PTSD and substance abuse; honesty heals them **6. Cry-** Let yourself cry; it will not last forever **7. Choose self-respect-** Choose whatever will make you like yourself tomorrow **8. Take good care of your body-** Eat right, exercise, sleep, safe sex **9. List your options-** In any situation, you have choices **10. Create meaning-** Remind yourself what you are living for: your children? Love? Truth? Justice? God? **11. Do the best you can with what you have-** Make the most of available opportunities **12. Set a boundary-** Say "no" to protect yourself **13. Compassion-** Listen to yourself with respect and care **14. When in doubt, do what's hardest-** The most difficult path is invariably the right one **15. Talk yourself through it-** Self-talk helps in difficult times **16. Imagine-** Create a mental picture that helps you feel different (e.g., remember a safe place) **17. Notice the choice point-** In slow motion, notice the exact moment when you chose a substance **18. Pace yourself-** If overwhelmed, go slower; if stagnant, go faster **19. Stay safe-** Do whatever you need to do to put your safety above all **20. Seek understanding, not blame-** Listen to your behavior; blaming prevents growth **21. If one way doesn't work, try another-** As if in a maze, turn a corner and try a new path **22. Link PTSD and substance abuse-** Recognize substances as an attempt to self- medicate **23. Alone is better than a bad relationship-** If only treaters are safe for now, that's okay **24. Create a new story-** You are the author of your life: be the hero who overcomes adversity **25. Avoid avoidable suffering-** Prevent bad situations in advance **26. Ask others-** Ask others if your belief is accurate **27. Get organized-** You'll feel more in control with lists, "to do's" and a clean house **28. Watch for danger signs-** Face a problem before it becomes huge; notice red flags **29. Healing above all-** Focus on what matters **30. Try something, anything-** A good plan today is better than a perfect one tomorrow **31. Discovery-** Find out whether your assumption is true rather than staying "in your head" **32. Attend treatment-** AA, self-help, therapy, medications, groups- anything that keeps you going **33. Create a buffer-** Put something between you and danger (e.g., time, distance) **34. Say what you really think-** You'll feel closer to others (but only do this with safe people) **35. Listen to your needs-** No more neglect- really hear what you need **36. Move toward your opposite-** E.g., if you are too dependent, try being more independent **37. Replay the scene-** Review a negative event: what can you do differently next time? **38. Notice the cost-** What is the price of substance abuse in your life? **39. Structure your day-** A productive schedule keeps you on track and connected to the world **40. Set an action plan-** Be specific, set a deadline, and let others know about it **41. Protect yourself-** Put up a shield against destructive people, bad environments, and substances **42. Soothing talk-** Talk to yourself very gently (as if to a friend or small child)

With appreciation to the Allies Program (Sacramento, CA) for formatting this Safe Coping List.
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Safe Coping Skills (Part 2)

from "Seeking Safety: Cognitive- Behavioral Therapy for PTSD and Substance Abuse"
by Lisa M. Najavits, Ph.D.

43. Think of the consequences- Really see the impact for tomorrow, next week, next year **44. Trust the process**- Just keep moving forward; the only way out is through **45. Work the material**- The more you practice and participate, the quicker the healing **46. Integrate the split self**- Accept all sides of yourself; they are there for a reason **47. Expect growth to feel uncomfortable**- If it feels awkward or difficult you're doing it right **48. Replace destructive activities**- Eat candy instead of getting high **49. Pretend you like yourself**- See how different the day feels **50. Focus on now**- Do what you can to make today better; don't get overwhelmed by the past or future **51. Praise yourself**- Notice what you did right; this is the most powerful method of growth **52. Observe repeating patterns**- Try to notice and understand your re-enactments **53. Self- nurture**- Do something that you enjoy (e.g., take a walk, see a movie) **54. Practice delay**- If you can't totally prevent a self-destructive act, at least delay it as long as possible **55. Let go of destructive relationships**- If it can't be fixed, detach **56. Take responsibility**- Take an active, not a passive approach **57.Set a deadline**- Make it happen by setting a date **58. Make a commitment**- Promise yourself to do what's right to help your recovery **59. Rethink**- Think in a way that helps you feel better **60. Detach from emotional pain (grounding)**- Distract, walk away, change the channel **61. Learn from experience**- Seek wisdom that can help you next time **62. Solve the problem**- Don't take it personally when things go wrong- try to just seek a solution **63. Use kinder language**- Make your language less harsh **64. Examine the evidence**- Evaluate both sides of the picture **65. Plan it out**- Take the time to think ahead-it's the opposite of impulsivity **66. Identify the belief**- For example, shoulds, deprivation reasoning **67. Reward yourself**- Find a healthy way to celebrate anything you do right **68. Create new "tapes"** Literally! Take a tape recorder and record a new way of thinking to play back **69. Find rules to live by**- Remember a phrase that works for you (e.g., "Stay real") **70. Setbacks are not failures**- A setback is just a setback, nothing more **71. Tolerate the feeling**- "No feeling is final", just get through it safely **72. Actions first and feelings will follow**- Don't wait until you feel motivated; just start now **73. Create positive addictions**- Sports, hobbies, AA… **74. When in doubt, don't**- If you suspect danger, stay away **75. Fight the trigger**- Take an active approach to protect yourself **76. Notice the source**- Before you accept criticism or advice, notice who's telling it to you **77. Make a decision**- If you're stuck, try choosing the best solution you can right now; don't wait **78. Do the right thing**- Do what you know will help you, even if you don't feel like it **79. Go to a meeting**- Feet first; just get there and let the rest happen **80. Protect your body from HIV**- This is truly a life-or-death issue **81. Prioritize healing**- Make healing your most urgent and important goal, above all else **82. Reach for community resources**- Lean on them! They can be a source of great support **83. Get others to support your recovery**- Tell people what you need **84. Notice what you can control**- List the aspects of your life you do control (e.g., job, friends…)

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Detaching From Emotional Pain (Grounding)

WHAT IS GROUNDING?

Grounding is a set of simple strategies to *detach from emotional pain* (for example, drug cravings, self-harm impulses, anger, sadness). Distraction works by **focusing outward on the external world**-- rather than inward toward the self. You can also think of it as "distraction," "centering," "a safe place," "looking outward," or "healthy detachment."

WHY DO GROUNDING?

When you are overwhelmed with emotional pain, you need a way to detach so that you can gain control over your feelings and stay safe. As long as you are grounding, you cannot possibly use substances or hurt yourself! Grounding "anchors" you to the present and to reality.

Many people with PTSD and substance abuse struggle with either feeling too much (overwhelming emotions and memories) or too little (numbing and dissociation). In grounding, you attain balance between the two-- conscious of reality and able to tolerate it.

Guidelines

- Grounding can be done any time, any place, anywhere and no one has to know.
- Use grounding when you are: faced with a trigger, having a flashback, dissociating, having a substance craving, or when your emotional pain goes above 6 (on a 0-10 scale). Grounding puts healthy distance between you and these negative feelings.
- Keep your eyes open, scan the room, and turn the light on to stay in touch with the present.
- Rate your mood before and after to test whether it worked. Before grounding, rate your level of emotional pain (0-10, where means "extreme pain"). Then re-rate it afterwards. Has it gone down?
- No talking about negative feelings or journal writing. You want to distract *away* from negative feelings, not get in touch with them.
- Stay neutral-- no judgments of "good" and "bad". For example, "The walls are blue; I dislike blue because it reminds me of depression." Simply say "The walls are blue" and move on.
- Focus on the present, not the past or future.
- Note that grounding is *not* the same as relaxation training. Grounding is much more active, focuses on distraction strategies, and is intended to help extreme negative feelings. It is believed to be more effective for PTSD than relaxation training.

WAYS TO GROUND

Mental Grounding

- Describe your environment in detail using all your senses. For example, "The walls are white, there are five pink chairs, there is a wooden bookshelf against the wall..." Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. You can do this anywhere. For example, on the subway: "I'm on the subway. I'll see the river soon. Those are the windows. This is the bench. The metal bar is silver. The subway map has four colors..."
- Play a "categories" game with yourself. Try to think of "types of dogs", "jazz musicians", "states that begin with 'A'", "cars", "TV shows", "writers", "sports", "songs", "European cities."
- Do an age progression. If you have regressed to a younger age (e.g., 8 years old), you can slowly work your way back up (e.g., "I'm now 9"; "I'm now 10"; "I'm now 11"…) until you are back to your current age.
- Describe an everyday activity in great detail. For example, describe a meal that you cook (e.g., "First I peel the potatoes and cut them into quarters, then I boil the water, I make an herb marinade of oregano, basil, garlic, and olive oil…").
- Imagine. Use an image: *Glide along on skates away from your pain*; *change the TV channel to get to a better show*; think of *a wall as a buffer between you and your pain.*
- Say a *safety statement*. "My name is ____; I am safe right now. I am in the present, not the past. I am located in _____; the date is _____."
- Read something, saying each word to yourself. Or read each letter backwards so that you focus on the letters and not on the meaning of words.
- Use humor. Think of something funny to jolt yourself out of your mood.
- Count to 10 or say the alphabet, very s..l..o..w..l..y.
- Repeat a favorite saying to yourself over and over (e.g., the Serenity Prayer).

Physical Grounding

- Run cool or warm water over your hands.
- Grab tightly onto your chair as hard as you can.
- Touch various objects around you: a pen, keys, your clothing, the table, the walls. Notice textures, colors, materials, weight, temperature. Compare objects you touch: Is one colder? Lighter?
- Dig your heels into the floor-- literally "grounding" them! Notice the tension centered in your heels as you do this. Remind yourself that you are connected to the ground.
- Carry a *grounding object* in your pocket-- a small object (a small rock, clay, ring, piece of cloth or yarn) that you can touch whenever you feel triggered.
- Jump up and down.
- Notice your body: The weight of your body in the chair; wiggling your toes in your socks; the feel of your back against the chair. You are connected to the world.
- Stretch. Extend your fingers, arms or legs as far as you can; roll your head around.
- Walk slowly, noticing each footstep, saying "left","right" with each step.
- Eat something, describing the flavors in detail to yourself.
- Focus on your breathing, noticing each inhale and exhale. Repeat a pleasant word to yourself on each inhale (for example, a favorite color or a soothing word such as "safe," or "easy").

Soothing Grounding

- ❖ Say kind statements, as if you were talking to a small child. E.g., "You are a good person going through a hard time. You'll get through this."
- ❖ Think of favorites. Think of your favorite color, animal, season, food, time of day, TV show.
- ❖ Picture people you care about (e.g., your children; and look at photographs of them).
- ❖ Remember the words to an inspiring song, quotation, or poem that makes you feel better (e.g., the Serenity Prayer).
- ❖ Remember a safe place. Describe a place that you find very soothing (perhaps the beach or mountains, or a favorite room); focus on everything about that place-- the sounds, colors, shapes, objects, textures.
- ❖ Say a coping statement. "I can handle this", "This feeling will pass."
- ❖ Plan out a safe treat for yourself, such as a piece of candy, a nice dinner, or a warm bath.
- ❖ Think of things you are looking forward to in the next week, perhaps time with a friend or going to a movie.

WHAT IF GROUNDING DOES NOT WORK?

- Practice as often as possible, even when you don't "need" it, so that you'll know it by heart.
- Practice faster. Speeding up the pace gets you focused on the outside world quickly.
- Try grounding for a looooooonnnnngggg time (20-30 minutes). And, repeat, repeat, repeat.
- Try to notice whether you do better with "physical" or "mental" grounding.
- Create your own methods of grounding. Any method you make up may be worth much more than those you read here because it is *yours*.
- Start grounding early in a negative mood cycle. Start when the substance craving just starts or when you have just started having a flashback.

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Taking Good Care of Yourself

Answer each question below "yes" or "no."; if a question does not apply, leave it blank.

DO YOU…

♥Associate only with safe people who do not abuse or hurt you? YES___ NO___
♥Have annual medical check-ups with a:
- •Doctor? YES___ NO ___
- •Dentist? YES___ NO ___
- •Eye doctor? YES ___NO ___
- •Gynecologist (women only)? YES ___ NO ___

♥Eat a healthful diet? (healthful foods and not under- or over-eating) YES ___ NO ___
♥Have safe sex? YES ___ NO ___
♥Travel in safe areas, avoiding risky situations (e.g., being alone in deserted areas)? YES ___ NO ___
♥Get enough sleep? YES ___ NO ___
♥Keep up with daily hygiene (clean clothes, showers, brushing teeth, etc.)? YES ___ NO ___
♥Get adequate exercise (not too much nor too little)? YES ___ NO ___
♥Take all medications as prescribed? YES __ NO___
♥Maintain your car so it is not in danger of breaking down? YES ___ NO ___
♥Avoid walking or jogging alone at night? YES___ NO ___
♥Spend within your financial means? YES___ NO ___
♥Pay your bills on time? YES___ NO ___
♥Know who to call if you are facing domestic violence? YES___ NO ___
♥Have safe housing? YES___ NO ___
♥Always drive substance-free? YES___ NO ___
♥Drive safely (within 5 miles of the speed limit)? YES___NO___
♥Refrain from bringing strangers home to your place? YES___ NO ___
♥Carry cash, ID, and a health insurance card in case of danger? YES___ NO ___
♥Currently have at least two drug-free friendships? YES ___ NO ___
♥Have health insurance? YES___ NO ___
♥Go to the doctor/dentist for problems that need medical attention? YES__NO__
♥Avoid hiking or biking alone in deserted areas? YES___ NO ___
♥Use drugs or alcohol in moderation or not at all? YES ___ NO ___
♥Not smoke cigarettes? YES ___ NO ___
♥Limit caffeine to fewer than 4 cups of coffee per day or 7 colas? YES ___ NO ___
♥Have at least one hour of free time to yourself per day? YES ___ NO ___
♥Do something pleasurable every day (e.g., go for a walk)? YES___ NO___
♥Have at least three recreational activities that you enjoy (e.g., sports, hobbies— but not substance use!) ? YES___ NO___
♥Take vitamins daily? YES___NO___
♥Have at least one person in your life that you can truly talk to (therapist, friend, sponsor, spouse)? YES___NO___
♥Use contraceptives as needed? YES___NO___
♥Have at least one social contact every week? YES___NO___
♥Attend treatment regularly (e.g., therapy, group, self-help groups)? YES___NO___
♥Have at least 10 hours per week of structured time? YES ___ NO ___
♥Have a daily schedule and "to do" list to help you stay organized? YES___NO___
♥Attend religious services (if you like them)? YES___ NO___ N/A___
♥Other: _____ YES ___ NO ___

YOUR SCORE: (total # of "no's) _____

Notes on self-care:

Self-Care and PTSD. People with PTSD often need to learn to take good care of themselves. For example, if you think about suicide a lot, you may not feel that it's worthwhile to take good care of yourself and may need to make special efforts to do so. If you were abused as a child you got the message that your needs were not important. You may think, "If no one else cares about me, why should I?" Now is the time to start treating yourself with respect and dignity.

Self-Care and Substance Abuse. Excessive substance use is one of the most extreme forms of self-neglect because it directly harms your body. And, the more you abuse substances the more you are likely to neglect yourself in other ways too (e.g., poor diet, lack of sleep).

Try to do a little more self-care each day. No one is perfect in doing everything on the list at all times. However, the goal is to take care of the most urgent priorities first and to work on improving your self-care through daily efforts. "Progress, not perfection."

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Najavits, LM (2002)

Creating Meaning in PTSD and Substance Abuse

MEANINGS THAT *HARM*	DEFINITION	EXAMPLES	**MEANINGS THAT *HEAL***
Deprivation Reasoning	Because you have suffered a lot, you deserve substances (or other destructive behavior).	*--I've had a hard time, so I'm entitled to get high.* *--If you went through what I did, you'd cut your arm too.*	**Live Well.** A happy, functional life will make up for your suffering far more than will hurting yourself. Focus on positive steps to make your life better.
I'm Crazy	You believe that you shouldn't feel the way you do	*--I must be crazy to be feeling this upset.* *--I shouldn't have this craving.*	**Honor Your Feelings**. You are not crazy. Your feelings make sense in light of what you have been through. You can get over them by talking about them and learning to cope.
Time Warp	It feels like a negative feeling will go on forever.	*--This craving won't stop.* *--If I were to cry, I would never stop.*	**Observe Real Time.** Take a clock and time how long it really lasts. Negative feelings will usually subside after a while; often they will go away sooner if you distract with activities.
Actions Speak Louder than Words	Show distress by actions, or people won't see the pain.	*--Scratches on my arml show what I feel* *--An overdose will show them.*	**Break Through the Silence.** Put feelings into words. Language is the most powerful communication for people to know you.
Beating Yourself Up	In your mind, you yell at yourself and put yourself down.	*--I'm a loser.* *--I'm a no-good piece of dirt.*	**Love—Not Hate--Creates Change.** Beating yourself up does not change your behavior. Care and understanding promote real change.
The Past is the Present	Because you were a victim in the past, you are a victim in the present.	*--I can't trust anyone.* *--I'm trapped.*	**Notice Your Power.** Stay in the present: I am an adult (no longer a child); I have choices (I am not trapped); I am getting help (I am not alone).

The Escape	An escape is needed (e.g., food, cutting) because feelings are too painful	*--I'll never get over this; I have to cut myself.* *--I can't stand cravings; I have to smoke a joint.*	**Keep Growing.** Emotional growth and learning are the only real escape from pain. You can learn to tolerate feelings and solve problems.
Ignoring Cues	If you don't notice a problem it will go away.	*--If I just ignore this toothache it will go away* *--I don't abuse substances.*	**Attend to Your Needs.** Listen to what you're hearing; notice what you're seeing; believe your gut feeling.
Dangerous Permission	You give yourself permission for self-destructive behavior.	*--Just one won't hurt.* *--I'll just buy a bottle of wine for a new recipe*	**Seek Safety.** Acknowledge your urges and feelings and then find a safe way to cope with them.
The Squeaky Wheel Gets the Grease	If you get better you will not get as much attention from people	*--If I do well, my therapist won't notice me.* *--No one will listen to me unless I'm in distress.*	**Get Attention from Success.** People love to pay attention to success. If you don't believe this, try doing better and notice how people respond to you.
It's All My Fault	Everything that goes wrong is due to you.	*--The trauma was my fault* *--If I have a disagreement with someone, it means I'm wrong.*	**Give Yourself a Break.** Don't carry the world on your shoulders. When you have conflicts with others, try taking a 50-50 approach (50% is their responsibility, 50% is yours).
I am My Trauma	Your trauma is your identity; it is more important than anything else	*--My life is pain.* *--I am what I have suffered..*	**Create a Broad Identity.** You are more than what you have suffered. Think of your different roles in life, your varied interests, your goals and hopes.

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"Tough Cases" -- Rehearsing Difficult Client Scenarios

Below are examples of "tough cases" in the treatment of PTSD and substance abuse. They are organized by themes related to this dual diagnosis.

Trauma/PTSD:
- "I'll never recover from PTSD."
- "Reading about trauma makes me want to burn myself."
- "How can I give up substances when I still have such severe PTSD?"

Substance Abuse:
- "Using cocaine makes my PTSD better—I can't give it up."
- "It's my alter who drinks and she's not here now" (dissociative identity disordered client)
- "I definitely think I can do controlled drinking."
- "Do I have to get clean before working on my PTSD?"
- "In AA they said to me, 'You don't drink because you were molested as a child, you drink because you're an alcoholic.'

Self-Nurturing:
- "I just can't experience pleasure—nothing feels fun to me."
- "All of the people I know drink to have a good time."
- "Whenever I try to do something pleasurable I feel guilty."
- "My partner doesn't want me to go out of the house."

Safety:
- "I don't want to stay safe; I want to die."
- "Safe coping skills are a nice idea, but when I get triggered it's so fast that I don't even have time to think about what I'm doing."
- "I feel like I need mourn my trauma now, not wait until later."

Boundaries in Relationships:
- "I can't say 'no'. It makes me feel I'm being mean, like my abuser."
- "When I say 'no' to my partner I get hit."
- "I want to set a boundary with you-- stop telling me to get off substances! I'm not ready."
- "You tell me to reach out to others, but I feel safer alone."
- "My cousin keeps offering me crack no matter how much I say not to."

Honesty:
- "But it will hurt the other person if I'm honest."
- "I can be honest in the role-play, but in real life I could never do it."
- "I won't tell my doctor that I abuse alcohol."
- "Should I tell everyone at work that I'm an addict?"
- "Are you telling me I'm a liar?"
- "When I was growing up, I told my mother that my brother molested me and she said I was lying."

Creating Meaning:
- "My thoughts are bad, just like I'm bad."
- "But my negative thoughts really are true!"
- "Positive thinking never works for me."

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Trauma Symptom Checklist-40

How often have you experienced each of the following in the last month? Please circle one number, 0 through 3.

	Never			Often
1. Headaches	0	1	2	3
2. Insomnia	0	1	2	3
3. Weight loss (without dieting)	0	1	2	3
4. Stomach problems	0	1	2	3
5. Sexual problems	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. "Flashbacks"(sudden, vivid, distracting memories)	0	1	2	3
8. Restless sleep	0	1	2	3
9. Low sex drive	0	1	2	3
10. Anxiety attacks	0	1	2	3
11. Sexual overactivity	0	1	2	3
12. Loneliness	0	1	2	3
13. Nightmares	0	1	2	3
14. "Spacing out" (going away in your mind)	0	1	2	3
15. Sadness	0	1	2	3
16. Dizziness	0	1	2	3
17. Not feeling satisfied with your sex life	0	1	2	3
18. Trouble controlling your temper	0	1	2	3
19. Waking up early in the morning	0	1	2	3
20. Uncontrollable crying	0	1	2	3
21. Fear of men	0	1	2	3
22. Not feeling rested in the morning	0	1	2	3
23. Having sex that you didn't enjoy	0	1	2	3
24. Trouble getting along with others	0	1	2	3
25. Memory problems	0	1	2	3
26. Desire to physically hurt yourself	0	1	2	3
27. Fear of women	0	1	2	3
28. Waking up in the middle of the night	0	1	2	3
29. Bad thoughts or feelings during sex	0	1	2	3
30. Passing out	0	1	2	3
31. Feeling that things are "unreal"	0	1	2	3
32. Unnecessary or over-frequent washing	0	1	2	3
33. Feelings of inferiority	0	1	2	3
34. Feeling tense all the time	0	1	2	3
35. Being confused about your sexual feelings	0	1	2	3
36. Desire to physically hurt others	0	1	2	3
37. Feelings of guilt	0	1	2	3
38. Feeling that you are not always in your body	0	1	2	3
39. Having trouble breathing	0	1	2	3
40. Sexual feelings when you shouldn't have them	0	1	2	3

Important note: this measure assesses trauma-related problems in several categories. According to John Briere, PhD "***The TSC-40 is a research instrument only***. **Use of this scale is limited to professional researchers**. It is not intended as, nor should it be used as, a self-test under any circumstances." For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory; contact Psychological Assessment Resources, 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J. N., & Runtz, M. G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. Journal of Interpersonal Violence, 4, 151-163. For further information on the measure, go to www.johnbriere.com.

ProQOL R-IV

PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision IV

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the ***last 30 days***.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

____	1.	I am happy.
____	2.	I am preoccupied with more than one person I help.
____	3.	I get satisfaction from being able to help people.
____	4.	I feel connected to others.
____	5.	I jump or am startled by unexpected sounds.
____	6.	I feel invigorated after working with those I help.
____	7.	I find it difficult to separate my personal life from my life as a helper.
____	8.	I am losing sleep over traumatic experiences of a person I help.
____	9.	I think that I might have been “infected” by the traumatic stress of those I help.
____	10.	I feel trapped by my work as a helper.
____	11.	Because of my helping, I have felt “on edge” about various things.
____	12.	I like my work as a helper.
____	13.	I feel depressed as a result of my work as a helper.
____	14.	I feel as though I am experiencing the trauma of someone I have helped .
____	15.	I have beliefs that sustain me.
____	16.	I am pleased with how I am able to keep up with helping techniques and protocols.
____	17.	I am the person I always wanted to be.
____	18.	My work makes me feel satisfied.
____	19.	Because of my work as a helper, I feel exhausted.
____	20.	I have happy thoughts and feelings about those I help and how I could help them.
____	21.	I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.
____	22.	I believe I can make a difference through my work.
____	23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
____	24.	I am proud of what I can do to help.
____	25.	As a result of my helping , I have intrusive, frightening thoughts.
____	26.	I feel “bogged down” by the system.
____	27.	I have thoughts that I am a “success” as a helper.
____	28.	I can't recall important parts of my work with trauma victims.
____	29.	I am a very sensitive person.
____	30.	I am happy that I chose to do this work.

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Disclaimer

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

Self-scoring directions, if used as self-test

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
    a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
    b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
    c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the average scores below.

Compassion Satisfaction Scale. The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout Scale. The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Trauma/Compassion Fatigue Scale. The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

If you have any concerns, you should discuss them with a health care professional